

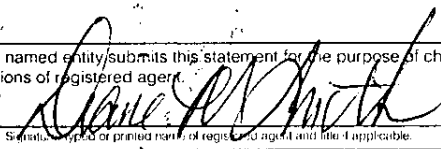
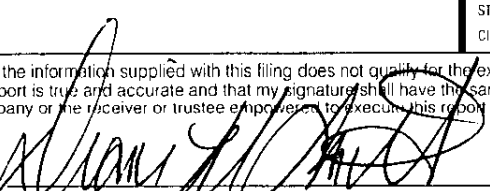


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90054 031 \*\*\*143.75

<b>DOCUMENT # L07000040958</b> 1. Entity Name <b>DANDY CLOTHING, LLC</b>					
Principal Place of Business <b>112 LAUREL WAY ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>112 LAUREL WAY ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business - No P.O. Box # <b>112 Laurel Way</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>112 Laurel Way</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Royal Palm Bch, FL</b>		City & State <b>Royal Palm Bch, FL</b>		4. FEI Number <b>20-8871704</b>	
Zip <b>33411</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, DIANE M 112 LAUREL WAY ROYAL PALM BEACH, FL 33411</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>1/13/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR <b>Diane M. Smith 112 Laurel Way Royal Palm Bch, FL 33411</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR <b>Andrew Bilardello 2000 Presidential Way - #601 West Palm Bch, FL 33415</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date <b>1/13/08</b> Daytime Phone # <b>561.629.2155</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					